

## **INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION**

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# CONSUMER INVESTMENT FUND GUIDELINES

## Purpose of Consumer Investment Fund (CIF):

The Council is committed to investing financial resources in people with disabilities and family members to further the agenda of creating inclusive communities throughout Indiana. Attendance and participation in various conferences and events is one avenue to achieve the larger goal of inclusion. To this end, the Council has created the Consumer Investment Fund. The Council expects a return on its investment. By completing and signing the purpose statement/agreement form in the enclosed CIF application, you agree to perform certain activities that benefit others and promise to report on the outcomes of those activities.

## Eligibility:

- Applicants must reside in Indiana and be a person with a disability or family member.
- No more than two members of the same family will be eligible to receive funding support.
- **Children are not eligible** unless the conference materials clearly document that children are a part of the agenda.
- Professionals or high level agency employees who provide disability services are not eligible if the conference is work related.
- The CIF will support individuals to attend one non-Council event per calendar year. **Out-of-state conferences will only be allowed once every two years PER FAMILY. Resort areas are closely scrutinized.**
- Because the Indiana Resource Center for Autism provides state-of-the-art autism information to Indiana residents through numerous educational opportunities, the only out-of-state autism conferences eligible for CIF funding will be the Defeat Autism Now (DAN) conference and the National Autism Society of America conference.
- The total amount spent on any one conference is limited. Requests are considered on a first-come, first-served basis.
- If a conference sponsor has been approved for CIF support through an organization application, individuals must apply through the sponsor for scholarships.

## Black Out Period:

- NO SCHOLARSHIPS will be approved during the 14 days prior to and the 14 days after the Council's annual conference.

## Application Process:

- Applications must be received in the Council office at least 3 weeks prior to an in-state event and 5 weeks prior for an out-of-state event. **NO EXCEPTIONS.**
- Submit a completed application form, including a Purpose Statement and Agreement Form, and **attach a conference agenda, completed registration form, and itemized budget.**
- Advance funding is limited to individuals receiving SSI. **All funds WILL NOT be paid in advance.**
- You are expected to pay one-half of your overall expenses as match. A minimum fifty percent (50%) match is required unless you (not your child) are receiving SSI or TANF. In that case, NO MATCH is required. If you are receiving SSDI your food and mileage can be counted toward your MATCH.
- Items not reimbursed, but eligible to be considered part of your match, include **child care** and **lost wages**. If claiming lost wages, a paycheck stub must be submitted (please remove any private information, including your social security number). **Child care is only paid for individuals receiving SSI, SSDI or TANF.**
- Funds are limited to \$1,000 per person, per event.
- Proof of SSI/SSDI is required.

## CONSUMER INVESTMENT FUND GUIDELINES (CONT.)

### Approval /Reimbursement Process:

- Notification of approval or denial will be sent within 7 business days.
- If approved, you will receive an Outcome Report, claim vouchers, and instructions for reimbursement within 10 business days from the Mental Health America of Indiana (MHAI). MHAI is the designated agency that processes reimbursements on behalf of the Council.
- ALL ORIGINAL receipts and the claim voucher MUST be submitted to MHAI no later than 30 days after the event. **Request for reimbursement must be made within 30 days of the conference date. Claims submitted after 30 days ARE NOT eligible for reimbursement.**
- **Original receipts** for match money must be submitted with other receipts. Reimbursement will not be paid until match documentation is provided.
- After receiving all **original receipts** and the completed Outcome Report, signed claim vouchers (2), MHAI will mail your reimbursement within ten business days.
- Reimbursement will be based on the lesser of the approved budget for each line item or the actual cost.

### Items Not Reimbursable and Not Considered Match:

*These items should not be included in your budget or reimbursement request.*

- Tips and gratuities
- Banquets, social outings, or other events that do not include training (these are usually listed as optional on the conference registration form)
- Ground transportation, except to and from the airport
- Continuing Education Units (CEU's)
- Car rental if airfare is paid (mileage will not be reimbursed if car rental is paid)
- Materials provided by conference at an extra cost (e.g., books, tapes, DVD, shirts, etc.)
- Phone calls

### Examples of Events Typically Eligible for Funding:

*Please note that the Council reserves judgment on all requests.*

- Conferences and seminars which enhances knowledge about disability-related issues, or promotes individual participation in the decisions which affect their lives.
- Participation in meetings of a service agency board, county council, advocacy agency, zoning board, or public hearing which further inclusive communities.
- Events that help further the Council's mission and the goals of the 5 Year State Plan.

### Examples of Events Not Eligible for Funding:

- Therapy
- School/college courses
- Recreational programs
- Summer camps
- Training focused on one family (i.e. Lovets, etc.)
- Job/personal training
- Events not compatible with the Council mission of community integration and inclusion, or are not focused on disability or policy issues that affect the disability community

## CONSUMER INVESTMENT FUND GUIDELINES (CONT.)

### Accountability and Outcome Activities:

The Agreement Form and Purpose Statement that you sign is your commitment to provide us with outcome information. This information is used to demonstrate the value of continued expenditures for the CIF Fund program.

**The future of the program depends on your documentation of how you use the information you gain from the event to benefit yourself, your family, and the larger disability community.**

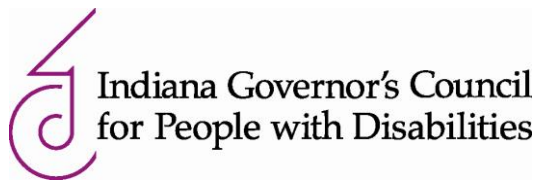
### Required Outcome Activities:

- Conduct a minimum of two presentations related to the newly acquired information.
- Complete an Outcome Report within thirty days after the event, detailing what outcomes you have achieved and your plans. **A follow-up form will be sent to you within 6 months.**
- Participate in a follow-up written or telephone survey on your outcomes, conducted by the Council at its discretion.
- Select two additional outcome activities when completing the Purpose Statement and Agreement Form from the list below. See page five of this document for a complete description of each.
  1. Conduct a disability awareness activity
  2. Become an active participant in a local policymaking or advisory body
  3. Perform a media watch, by responding to news coverage about disability issues
  4. Express your opinion to your state or local legislators related to disability issues
  5. Express your opinion about state or local policy changes
  6. Sign up for the Council's Fifth Freedom network to respond disability related concerns

A second Outcome Report will be mailed no later than 6 months after the conference date to collect follow-up information on your success and on activities that were not yet completed when the original Outcome report was submitted with the claim for reimbursement. **You will not be eligible for future CIF funding if you do not complete the Outcome Report.**

### General Information:

- The expenditure of funds for support to conferences is a privilege and deemed as an investment.
- **The Council reserves the right to deny any conference request, revise policies or further restrict funding when necessity dictates (e.g., moratorium placed on non-essential travel).**
- Requests for conferences in resort areas will be closely scrutinized. Conferences in Alaska, Hawaii, cruise ships, and outside the United States are prohibited.
- Arrangements (travel, lodging, registration, etc.) made by you are your responsibility if funding is not approved.



## INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION

### APPLICATION CHECKLIST

Applications will only be considered when ALL required information and forms are submitted.

Your completed application must include:

- ☐ **Proof of SSI/SSDI**
- ☐ **Conference Information**  
Include a **completed registration form (showing registration fees)**, brochure, agenda and description of activities.
- ☐ **Individual Consumer Investment Fund Application**  
All information must be received in COUNCIL office a minimum of 3-weeks before in-state and 5-weeks before out-of-state conferences/events. NO EXCEPTIONS.
- ☐ **Individual CIF Purpose Statement and Agreement Form**  
To be approved for funds, you must sign an agreement to share the information with others, and to participate in community activities. An OUTCOME REPORT will be required after the conference detailing your plans to fulfill the agreement.
- ☐ **Budget Worksheet**  
Must be completed and include your matching contribution, the requested CIF amount, and any amount from any other source. You must include a paystub if you are counting lost wages toward your required match amount.

For questions, contact Brenda Wade at (317) 233-4551, [bwade@gpcpd.org](mailto:bwade@gpcpd.org), or by fax (317) 233-3712.

Mail, fax or email completed applications to:

GCPD/CIF  
ATTN: Brenda Wade  
402 W Washington St, Room E145  
Indianapolis, IN 46204  
(317) 233-3712 (fax)  
[bwade@gpcpd.org](mailto:bwade@gpcpd.org)

**!** A completed conference registration form and brochure **MUST** be included with your CIF request or your application will be denied.

## **Description of Outcome Activities for Purpose Statement and Agreement Form**

**SELECT TWO of the following six activities.** Each numbered section describes an activity, what is expected, and instructions on how to obtain material. If needed, contact the Council office at GPCPD@gpcpd.org or 317-232-7770. Some information is available online: <http://www.in.gov/gpcpd>

1. **Conduct a disability awareness activity:** March is Disability Awareness Month in Indiana and the Council provides a number of different activity packets with ideas on projects you can conduct. We have free posters and bookmarks as well as materials like the Power of Words, which has tips for writing about and interacting with people with disabilities. Most of the suggested activities can be conducted at any time of the year. Call/e-mail the Council for an order form or, download activity packets from our website at: <http://indianadisabilityawareness.org>
2. **Become an active participant in a local policymaking or advisory body** such as the local Step Ahead, Mayor's Council, or Parent Advisory Council. The purpose of this outcome is to get involved with policymakers on the local level. Depending on your community, there may be other bodies such as a transportation advisory committee or ADA committee that would meet these criteria.
3. **Perform a media watch**, by responding to news coverage about disability issues with feedback through a letter to the editor expressing your opinion on an important topic or to a reporter on whether people with disabilities were portrayed in a positive and accurate light. Send a letter to the reporter and enclose the Council's Power of Words brochure. For information on how to conduct a media watch go to: <http://indianadisabilityawareness.org>, click on activity packets and scroll down to the Cultivating Media Placement packet. Send a copy of your letter with your outcome form.
4. **Express your opinion about disability issues** to your community and/or to state or local legislators Write a letter and/or contact your legislators about an issue that is important to you and your family. Write at least one letter, meet with one public or elected official or their staff, or testify at a legislative committee hearing regarding a disability related issue. (Send a copy of the letter or description of the meeting, etc. with your outcome form)  
Note: For information about the issues, contact statewide and national organizations that send out legislative/policy related news (usually by e-mail). Go to the Council website <http://www.in.gov/gpcpd/> and click on the resources link to research issues or contact organizations. In addition, the Council sends out this type of information on an occasional basis through Council e-mail News. If you would like to receive Council E-News (about once or twice a month) check the appropriate box on the CIF application form.

5. **Express your opinion about state or local policy changes:** Many state and local government agencies must solicit public opinion regularly as part of their planning process or when they make changes to their policies or programs. Provide feedback to an agency by sharing your opinion of their plan or policy. Write at least one letter or testify at a local or state public hearing. Send a copy of the letter or testimony with your outcome form. Note: For information about opportunities to provide input at public hearings, contact the local office of the agency you are interested in. Go to the Council website [www.in.gov/gpcpd](http://www.in.gov/gpcpd) and click on the resources link to research issues or contact information for organizations. In addition, the Council sends out this kind of information on an occasional basis through Council E-mail News. If you are interested in receiving Council E-News check the appropriate box on the CIF application form.
  
6. **Sign up for the Council's Fifth Freedom Disability Network** to respond to state or local disability related concerns. Become an Advocacy Coordination Team Leader (ACT) by recruiting a (minimum) of two-three local people with disabilities/families that agree to act together to respond to important, time sensitive information about statewide disability issues that need immediate advocacy action. If you select this option contact Doug Schmidt, ACT Team Coordinator, (260)426-8789, (866)441-2577, [doug@fifthfreedom.org](mailto:doug@fifthfreedom.org) , For more information about Fifth freedom: [www.fifthfreedom.org](http://www.fifthfreedom.org)

## OVERVIEW OF BUDGET RULES, STATE TRAVEL GUIDELINES AND OTHER INFORMATION

Use the following guidelines in preparing your budget. See the sample budget for additional information.

### Mileage

- Mileage is calculated at a flat mileage rate: The current mileage rate is \$.44 per mile (max 2,000 miles). In all cases, state mileage charts determine vehicle mileage.
- If you receive SSDI, mileage and food per diem is used as your match and **CANNOT** be paid with CIF monies.

### Meals

- No receipts are required for meals.
- Meals are \$26 per day for in-state travel (lunch and breakfast \$6.50 each; dinner \$13).
- Meals are \$32 per day for out-of-state travel (lunch and breakfast \$8 ea; dinner \$16).
- Deductions are made for any meal provided by the conference.

### Receipts

- Original receipts or invoices must be provided for hotel, airfare (boarding pass), parking, taxi, child/attendant care and ALL OTHER EXPENSES.
- NO RECEIPTS are needed for food per diem and/or mileage (fixed rates).

### Reimbursements

- **Reimbursement will not be made for any line item that exceeds the originally approved budget amount.**
- Monies received from other sources (ie. Family Involvement Fund etc.) MUST be recorded on the budget page.
- Lost wages cannot be reimbursed but can be counted as MATCH.
- Only one out-of-state conference **PER FAMILY** every other year will be approved.
- Reimbursements must be claimed within 30 days of the conference or event.

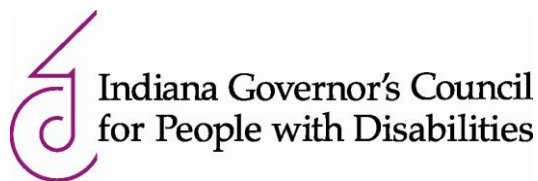
Once the Council office approves a request it is sent to the Mental Health America of Indiana (MHAI) who has a contract with the Council. MHAI will mail you information regarding the submission of receipts, Outcome Reports and vouchers for reimbursement.

### Application Submission

Mail, fax or email completed applications to:

GCPD/CIF  
ATTN: Brenda Wade  
402 W Washington, Room E145  
Indianapolis, IN 46204  
(317) 233-3712 (fax)  
bwade@gpcpd.org





**SAMPLE**

**INDIVIDUAL CONSUMER  
INVESTMENT FUND APPLICATION**

APPLICANT INFORMATION				
Name of Individual(s):	Sue Jones			
Title & Employer:	None			
Address:	100 N. Senate Ave.			
City / Zip:	Gary, IN 46200			
Daytime Phone:	219-555-5555			
Email:	sue@jones.com			
I receive:	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input checked="" type="checkbox"/> NONE <small>Only indicate benefits where you are the direct recipient. Do not indicate if you receive benefits on behalf of your child or dependent.</small>			
Have you requested funds from another source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete:	Organization:	
			Amt. Requested:	
Is advanced funding being requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Advanced funding is only available for SSI/SSDI or TANF recipients. Please complete the attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. Advanced funding requests are considered based on state travel rules.</small>			
DEMOGRAPHIC INFORMATION				
I am (choose one):	<input type="checkbox"/> a person, <input checked="" type="checkbox"/> the family member of a person with (specify): <b>Quadriplegia</b>			
OPTIONAL I am (choose one):	<input type="checkbox"/> African-American, <input checked="" type="checkbox"/> Caucasian, <input type="checkbox"/> Hispanic/Latino, <input type="checkbox"/> Asian, <input type="checkbox"/> Other (specify):			
EVENT / ACTIVITY INFORMATION				
Title of event/activity:	Building Community Inclusion			
Event location (City/State):	Waterfront Hotel, Indianapolis, IN			
Dates:	From 2/15/200X to 2/16/200X			
Does the registration fee cover any meals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list: <b>Lunch on 2/15 and 2/16</b>			
BUDGET SUMMARY				
Total Cost:	\$ 810.79			
Your Match Contribution:	\$ 405.39			
CIF Requested:	\$ 405.40			

# BUDGET WORKSHEET

**SAMPLE**

Name(s):		Sue Jones	
Have you requested funds from another source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete:	Organization:
			Amt. Requested:*

**\*Funds requested from another source must be deducted from the total budget, please see below.**

DESCRIPTION	TOTAL	MATCH (50%)	CIF
<b>CONFERENCE REGISTRATION</b>	\$ <b>200.00</b>	\$	\$ <b>200.00</b>
<b>LODGING</b> Rate \$ <u>99.00</u> x <u>11.5</u> % tax = \$ <u>110.39</u> per day x # of days <u>2</u> = \$ <u>220.77</u>	\$ <b>220.77</b>	\$ <b>13.37</b>	\$ <b>207.40</b>
<b>FOOD PER DIEM (match if receiving SSDI)</b> Rate \$ <u>26</u> x # of days <u>2</u> = \$ <u>52</u> x # people <u>1</u> = \$ <u>52</u>  Minus meals provided: 2 lunches @ 6.50 x 2  Total Deducted \$ <u>13.00</u> Total Allowance \$ <u>39.00</u>	\$ <b>39.00</b>	\$ <b>39.00</b>	\$
<b>AIRLINE</b> Depart from what city:	\$	\$	\$
<b>CHILD CARE / PCA</b> \$ <u>30.00</u> per day x # of days <u>2</u> = \$ <u>60.00</u>	\$ <b>60.00</b>	\$ <b>60.00</b>	\$
<b>PARKING/TAXI/SHUTTLE</b> (Describe)	\$	\$	\$
<b>MILEAGE (match if receiving SSDI)</b> RT mileage <u>105</u> X \$.44 = \$ <u>46.20</u>	\$ <b>46.20</b>	\$ <b>46.20</b>	\$
<b>Lost Wages 2 days lost wages (check stub enclosed)</b>	\$ <b>248.82</b>	\$ <b>248.82</b>	
<b>SUB TOTAL</b>	\$		
<b>SUBTOTAL MINUS FUNDS OBTAINED FROM OTHER SOURCE</b>	\$		
<b>TOTAL</b>	\$ <b>814.79</b>	\$ <b>407.39</b>	\$ <b>407.40</b>

## INDIVIDUAL CIF PURPOSE STATEMENT AND AGREEMENT FORM

**SAMPLE**

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long-term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

**Purpose Statement:** (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Attach an additional page if needed.**

**I want to learn more about how to be a better advocate for my first grade child who is receiving special education. This conference will provide me with the information I need to insure that my child gets a good education.**

**I am part of a parent support group and will also be able to share the information I receive with teachers and other parents in my community to help their children**

**Agreement:** The Governor's Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in attending this event I, Sue Jones agree to the required activities including completing and submitting an initial outcome form with the claim voucher and receipts within 30 days. I have selected the following two outcome activities:

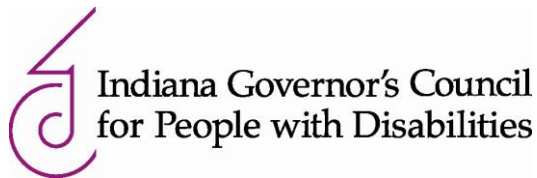
- See the CIF Application Guidelines for a more detailed description of the six activities from which you are to select, two including what is involved in each activity and, if needed, where to get additional information.

**Please check the two outcome activities you agree to complete:** (See descriptions on page 6 and 7)

- ☐ Conduct a disability awareness activity
- ☒ Become an active participant in a local policymaking or advisory body
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☐ Express your opinion to your state or local legislators related to disability issues
- ☒ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

Sue Jones  
Signature(s)

1/10/200X  
Date



**SAMPLE**

## INDIVIDUAL CONSUMER INVESTMENT FUND

### OUTCOME REPORT

As part of an agreement to accept financial assistance from the Council to attend an event, this form must be completed and returned within 30 days AFTER attending an event. This report can be submitted in writing, by fax, by email, or on audiocassette. This form must be submitted before reimbursement checks will be issued. Reimbursement MUST BE claimed within 30 days after the conference. You will receive another report form within 6 months to collect follow-up information on whether you achieved the outcomes you describe.

**Mail to: Kath DiChiappari, Mental Health Association of Indiana/CIF, 1431 N Delaware Street, Indianapolis, IN 46202.**

Name of Individual(s):	<b>Sue Jones</b>		
Title & Employer:	<b>None</b>		
Address:	<b>100 N. Senate Ave.</b>		
City / Zip:	<b>Gary, IN 46200</b>	County:	<b>Lake</b>
Daytime Phone:	<b>219-555-5555</b>	Best Time to Call:	<b>10-2 pm</b>
Email:	<b>sue@jones.com</b>		
I am (choose one):	<input type="checkbox"/> a person, <input checked="" type="checkbox"/> the family member of a person with (specify): <b>Quadriplegia</b>		
Title of event/activity:	<b>Building Community Inclusion</b>		
Event location (City/State):	<b>Waterfront Hotel, Indianapolis, IN</b>		
Dates:	From <b>2/15/200X</b> to <b>2/16/200X</b>		
Approved Budget Amount:	<b>\$500.00</b>		
Do you receive the <i>On Target</i> newsletter?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to receive the Council E-News?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**I gained the following new information/skills:**

**I learned about what a good IEP meeting is and what preparation work I need to do ahead of time. I learned about my rights and what to do if I am not satisfied with my child's education program**

**I will use my new skills/information to benefit me/ my family by:**

**Making sure that the next IEP is more effective. I will ask for my child to be evaluated for an assistive communication device. I will work more closely with my child's teacher to monitor my child's progress and make sure that the IEP is working.**

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Not Satisfied	Does Not Apply
Application and directions:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of approval process:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided after approval:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with travel arrangements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reimbursement/payment process:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any additional comments or suggestions for improvement in the Consumer Investment Fund?**

**It's a great program. I appreciate your assistance**

# ACTIVITIES OUTCOME REPORT

**SAMPLE**

Describe what you have done to date and any plans for the future. If activities are not complete at the time you submit the form, a follow-up form will be sent within 6 months.

**Please check the two outcome activities you agreed to complete:**

- ☐ Conduct a disability awareness activity
- ☒ Become an active participant in a local policymaking or advisory body
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☐ Express your opinion to your state or local legislators related to disability issues
- ☒ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

## 1. Required Presentations

### Description of presentations:

I was on the agenda for my parent support group meeting on March 26. I copied information on IEP meetings for them and talked about suggestions to improve the IEP meeting that I learned from the conference.

I plan to present information from the conference at my school's Parent Advisory Council meeting on April 15th

This activity has been ☐ completed ☒ not completed

Number of Hours Spent: **3**

## 2. Second Activity

### Description of presentations:

I plan to join my schools Parent Advisory Council to advocate for better attention to communication issues for children. I will apply for membership next fall when new applications are accepted. I attended the March 31st meeting as an observer.

This activity has been ☐ completed ☒ not completed

Number of Hours Spent: **3**

## 3. Third Activity

### Description of presentations:

I met with Representative X from Evansville about my concern that the state's budget .... I also sent him a thank you letter re stating my concerns, which is attached.

This activity has been ☒ completed ☐ not completed

Number of Hours Spent: **4**